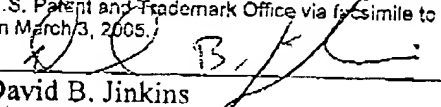


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Ser. No. 09/576989  
Att. Docket No. 56029-4356**CERTIFICATE OF FACSIMILE**

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\_\_\_\_\_  
David B. Jenkins  
Attorney for Applicant(s)  
Registration No.: 46,805

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of:	Rice et al.	Group No.:	1648
Serial No.:	09/576,989	Att. Docket No.:	56029-4356
Filed:	05/23/2000		
For:	HCV Variants	Examiner:	Lucas, Zachariah.

Commissioner of Patents and Trademarks  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

HONORABLE SIR:

Responsive to the official communication of December 17, 2004, Applicant submits the following Amendments and Remarks.

It is not believed that extensions of time are required beyond those which may otherwise be provided for in documents accompanying this Response. However, in the event that additional extensions of time are necessary to prevent abandonment of this

Scr. No. 09/576989  
Atty. Docket No. 56029-4356

application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore are hereby authorized to be charged to our Deposit Account 20-0823.

Please enter the following amendments and remarks:

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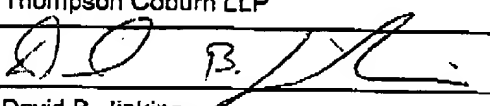
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<b>AMENDMENT TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/576,989	
	Application Title	HCV Variants	
	Filing Date	May 23, 2000	
	First Named Inventor	Rice	
	Art Unit	1648	
	Examiner Name	Lucas, Zachariah	
Total Number of Pages in This Submission	24	Attorney Docket Number	56029-4356

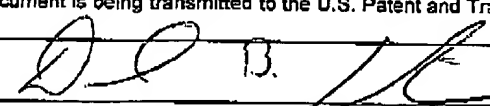
**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Determination Record Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> The Commissioner is hereby authorized to charge the fee of \$_____ in this application to a Deposit Account _____ <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any over-payment, to Deposit Account Number <u>20-0823</u> . I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.	<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> If an extension or an additional extension of time is required, but is not enclosed, please consider this a conditional petition therefore and charge Deposit Account <u>20-0823</u> accordingly <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Petition <input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement of Substance of Interview under 37 C.F.R. § 1.133(b)
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Thompson Coburn LLP		
Signature			
Printed name	David B. Jenkins		
Date	March 3, 2005	Reg. No.	46,805

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Typed or printed name	David B. Jenkins

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PTO/SB/06 (12-04)

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**PATENT FEE DETERMINATION RECORD**  
Substitute for Form PTO-875Application or Docket Number  
56029-4356**APPLICATION AS FILED**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A
EXAMINATION FEE (37 CFR 1.15(o), (p), or (q))	N/A	N/A
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*
APPLICATION SIZE FEE (37 CFR 1.16(s))	if the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(a).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY**

OR

**OTHER THAN SMALL ENTITY**

RATE (\$)	FEE (\$)
N/A	
N/A	
X	= 0.00
X	= 0.00
N/A	
TOTAL	0.00

RATE (\$)	FEE (\$)
N/A	
N/A	
X	= 0.00
X	= 0.00
N/A	
TOTAL	0.00

**AMENDMENTS AS FILED**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(i))	*	Minus **	= 0
Independent (37 CFR 1.16(h))	*	Minus ***	=
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

**SMALL ENTITY**

OR

**OTHER THAN SMALL ENTITY**

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
N/A	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
N/A	
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(i))	* 34	Minus ** 85	=
Independent (37 CFR 1.16(h))	* 2	Minus *** 3	=
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
N/A	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
N/A	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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